

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070403

1. Entity Name

ROSADO WEB CONSULTANTS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90080 014 ***150.00

542885



DO NOT WRITE IN THIS SPACE

Principal Place of Business

585 REDWOOD CT
SEBASTIAN FL 32958

Mailing Address

585 REDWOOD CT
SEBASTIAN FL 32958

2. Principal Place of Business

13256 US Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

13256 US Hwy 1
Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FHI Number

65-1029223

Applied For

Not Applicable

Zip

32958

Country

US

Zip

32958

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSADO, NICHOLAS
585 REDWOOD CT
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Nicholas Rosado
Street Address (P.O. Box Numbers Not Acceptable)

13256 US Hwy 1
City Sebastian
Zip Code 32958

8. The above named entity subscribes to the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Nicholas Rosado, President

4/25/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: Nicholas Rosado
STREET ADDRESS: 13256 US Hwy 1
CITY-STATE-ZIP: Sebastian, FL 32958

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, unchanged, or on an attachment with an address with all other like empowered.

SIGNATURE: Nicholas Rosado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (561) 589-2015

CR2E034 (10-00)